

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027887

STATE FILE NUMBER

Registration District No. 128

Primary Registration District No. 21000

Registrar's No. 1170

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 31 1963

1. PLACE OF DEATH

a. COUNTY **Greene**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Springfield**

Length of stay in 1b
None

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Burge Prot. Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Lee Dallas**

c. CITY OR TOWN **Buffalo**

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Route 2

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
ARTHUR HENRY BENTZINGER

4. DATE OF DEATH
Month Day Year
July 23, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
4-1-1895

9. AGE (last birthday)
68

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Ret. Farm Equipment Supplier

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Charleston, Iowa

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
William H. Bentzinger

13b. MOTHER'S MAIDEN NAME
Lena Kerchner

14. NAME OF HUSBAND OR WIFE
Clara W. Bentzinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT
Clara W. Bentzinger, Route 2, Buffalo, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Pulmonary embolism.**

DUE TO (b) **Fracture both heels.**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
2 car accident

20c. TIME OF INJURY
Hour a.m. p.m.
7/11/63

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Automobile collision

20f. CITY, TOWN, OR LOCATION
Ellenwood, Kansas

21. I attended the deceased from **7/16/63** to **7/23/63** and last saw her alive on **7/23/63**
Death occurred at **Approx. 11:00 A.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE
(Degree or title)
W.D. C. Fraas, M.D.

22b. ADDRESS
600 S. Glenstone Springfield, Mo

22c. DATE SIGNED
7/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
removal

23b. DATE
7-24-1963

23c. NAME OF CEMETERY OR CREMATORY
St. Pauls E & R.

23d. LOCATION (City, town, or county)
Lee County, Iowa

24. FUNERAL DIRECTOR
ADDRESS
Ralph Thieme, 1200 Boonville Ave.

25. DATE RECD. BY LOCAL REG.
7-29-63

26. REGISTRAR'S SIGNATURE
Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0397

2 0300

3 1

4 0

5 1

6

7 1

8 1

9 8164

10 26

11 815

12 1-0

13

AUG 1 1963

AUG 20 1963

NOV 8 1963

AUG 7 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold F. Fitchell

Licensed Embalmer No. 5079

P. O. Address Spfld. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.